

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Southern General Insurance Co.
c/o Jill Jinks
1904 Leland Drive
Marietta, GA 30067
06775 Bldg Smt CP

2. Article Number

(Transfer from service label)

7006 0100 0000 0733 3882

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X B. W.

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

2 Oct 9

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

Domestic Return Receipt

102595-02-M-1540